



Monthly Statistical Summary Report (MSSR) Training Module

Presented By: CDA CBAS Branch

Date: May 7, 2019

Training Module Overview

MSSR Overview

MSSR Instructions





MSSR Overview

Importance of the MSSR

- Data is utilized by CDA and DHCS and reported to CMS per Medi-Cal 2020 Demonstration Waiver
- Data is used to determine (among other things):
 - County/statewide changes in enrollment/discharges
 - County/statewide utilization rates
 - Access to care





Box 1 – "Individuals Determined Eligible"

1. Individuals Determined Eligible	
Medi-Cal Managed Care Medi-Cal Fee-For-Service	0
Total New Eligibles	0





Box 1 – "Individuals Determined Eligible"

Include all Medi-Cal beneficiaries determined CBAS eligible by the managed care plan and/or the Medi-Cal Field Office during the reporting month, including any individuals determined eligible through the fair hearing process. Do NOT include participants reauthorized for services or those previously determined eligible for CBAS for whom no new face-to-face was conducted (e.g., a participant moving from another CBAS center for whom the Plan or DHCS does not conduct another face-to-face).





Box 1 – "Individuals Determined Eligible"

Report separately for:

- Medi-Cal Managed Care beneficiaries
- Medi-Cal Fee-For-Service beneficiaries

Total New Eligibles is the sum of:

- Medi-Cal Managed Care beneficiaries
- Medi-Cal Fee-For-Service beneficiaries





Box 2 – "Individuals Determined Ineligible"

2. Individuals Determined Ineligible	
Medi-Cal Managed Care Medi-Cal Fee-For-Service	0
Total New Ineligibles	0





Box 2 - "Individuals Determined Ineligible"

Include all Medi-Cal beneficiaries who have been determined CBAS ineligible by either managed care and/or the Medi-Cal Field Office during the reporting month.

Report separately for:

- Medi-Cal Managed Care beneficiaries
- Medi-Cal Fee-For-Service beneficiaries

Total New Ineligibles is the sum of:

- Medi-Cal Managed Care beneficiaries
- Medi-Cal Fee-For-Service beneficiaries





Box 3 – "Participants Discharged"

3. Participants Discharged	
Medi-Cal Managed Care Medi-Cal Fee-For-Service Private Pay	0 0
Total Discharged Participants	0





Box 3 – "Participants Discharged"

Include all participants the center has formally discharged (per the center's discharge policies and procedures) during the reporting month.

Report separately for

- Medi-Cal Managed Care beneficiaries
- Medi-Cal Fee-For-Service beneficiaries
- Private Pay participants

Total Discharged Participants is the sum of:

- Medi-Cal Managed Care beneficiaries
- Medi-Cal Fee-For-Service beneficiaries
- Private Pay participants





Box 4 – "Participants Served"

4. Participants Served	
Medi-Cal Managed Care	0
Medi-Cal Fee-For-Service	0
Private Pay	0
Total Served Participants	0





Box 4 – "Participants Served"

Include all eligible participants enrolled at the center and receiving CBAS per their Individual Plans of Care (IPC) or their ADHC plans of care during the reporting month. Do **NOT** include participants who are pending eligibility determination or are in the process of being assessed by the center's multidisciplinary team (MDT).





Box 4 – "Participants Served"

Report separately for:

- Medi-Cal Managed Care beneficiaries
- Medi-Cal Fee-For-Service beneficiaries
- Private Pay participants

Total Served Participants is the sum of:

- Medi-Cal Managed Care beneficiaries
- Medi-Cal Fee-For-Service beneficiaries
- Private Pay participants





Box 5 – "Participant Attendance Days"

5. Participant Attendance Days	
Medi-Cal Managed Care	0
Medi-Cal Fee-For-Service	0
Private Pay	0
Total Attendance Days	0





Box 5 – "Participant Attendance Days"

Include all days of attendance by eligible CBAS and ADHC participants enrolled at the center (those individuals identified in Box 4) during the reporting month. Do **NOT** include days the participant is initially assessed by the center's MDT.

Report separately for:

- Medi-Cal Managed Care beneficiaries
- Medi-Cal Fee-For-Service beneficiaries
- Private Pay participants

Total Attendance Days is the sum of:

- Medi-Cal Managed Care beneficiaries
- Medi-Cal Fee-For-Service beneficiaries
- Private Pay participants





Box 6 – "Days of Center Operation"

Include the total number of days of operation the center provided CBAS/ADHC during the reporting month.

6. Days of Center Operation	
Days of Center Operation	0





Box 7 – "Average Daily Attendance"

Box 7 will calculate automatically by dividing Total Attendance Days by Days of Center Operation.

7. Average Daily Attendance

Average Daily Attendance Days 0





Note: In some cases, individuals will be reflected in more than one Box in the same month. For example: Individuals who are determined eligible and begin receiving services in the same month should be recorded in both Box 1 (Individuals Determined Eligible) and Box 4 (Participants Served).





Additional Definitions

Medi-Cal Fee-For-Service

Medi-Cal beneficiaries exempt or not otherwise eligible for enrolling in Medi-Cal Managed Care remain in regular Medi-Cal "Fee-For-Service" (FFS) and are able to receive CBAS through FFS.

Medi-Cal Managed Care

Medi-Cal beneficiaries receiving CBAS must be enrolled in Medi-Cal Managed Care unless exempt or not otherwise eligible to enroll.





Additional Definitions

Private Pay

Participants who personally pay for ADHC or whose services are paid **solely** by a third-party payer such as private insurance, Regional Center, PACE, or the Veterans Administration.





Submission Overview

- MSSR submissions are due by the 10th of each month
- Submitted via the Peach Provider Portal





Overview

- Internet-based application
 - Recommend use of Google Chrome browser
 - Not compatible with Internet Explorer
 - Encrypted to meet HIPAA compliance standards
- Requires login credentials
 - Issued by CDA
- Contains data validations
- Instructions

https://aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Reporting Requirements/



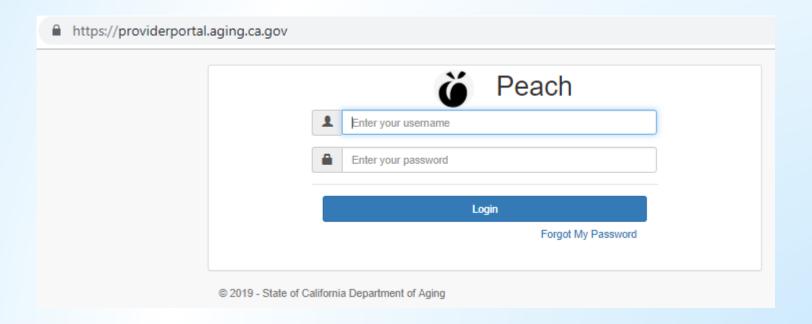


- Accessed via direct link
 - https://providerportal.aging.ca.gov/
- Accessed via CBAS Website
 - https://aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Reporting Requirements/
- Requires 2-Step Verification





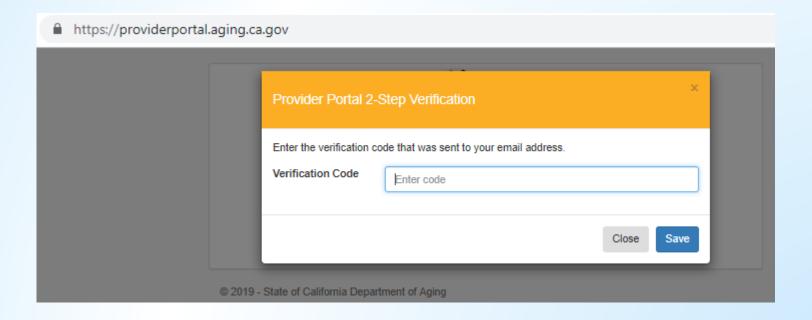
- Enter username and password
- Click Login







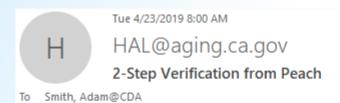
2-Step Verification prompt







2-Step Verification code received via email



For added security, we require that you enter the verification code below. The verification code will expire soon.

Your one-time verification code for Peach is:

6GUOKD5U54

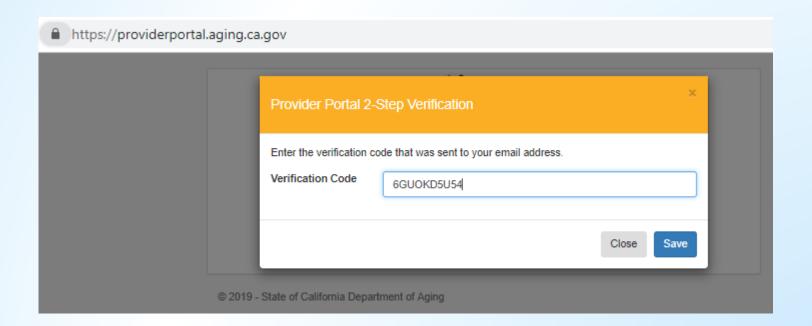
If you didn't initiate the request, you don't need to take any further action.

Sincerely, Peach





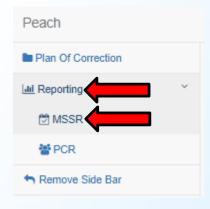
- Enter code into Peach Provider Portal
- Click Save







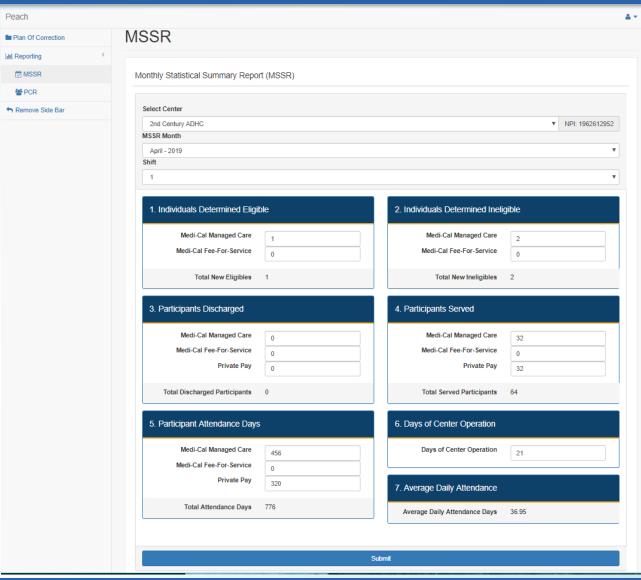
- Select "Reporting" from the Menu
- Select "MSSR" from the Sub-menu







MSSR homepage

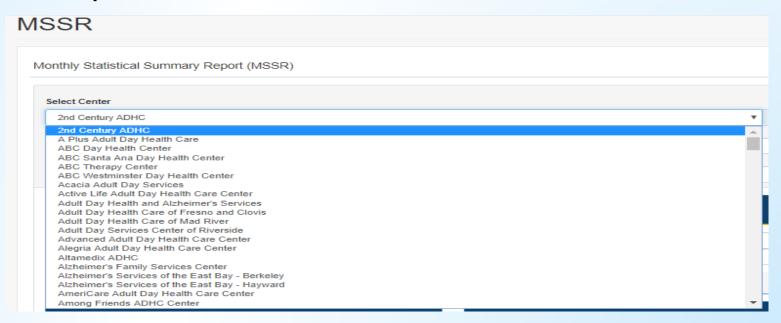






Select your appropriate center from the drop-down list

NOTE: If you are a representative of more than one center those centers will appear in the drop-down list.

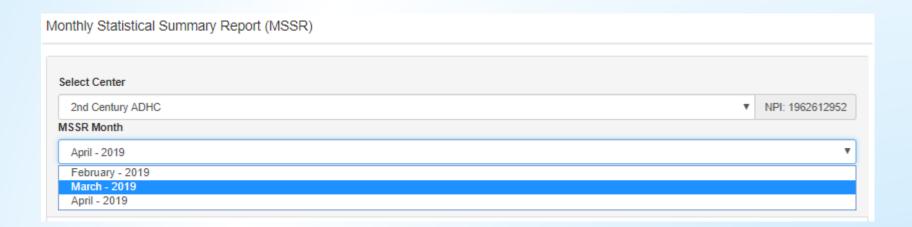






Select the appropriate reporting month from the drop-down list

Ability to input data from the last 2 previous reporting periods.

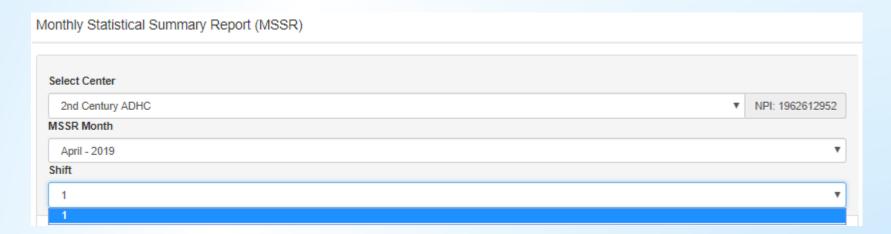






Select the appropriate shift from the drop-down list

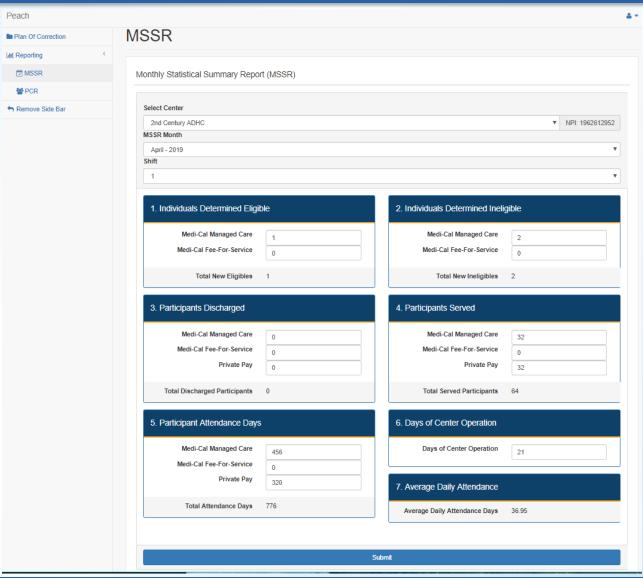
NOTE: If your center is approved for flexible scheduling and operates more than one shift, there will be an option for those shifts in the drop-down list.







 Enter data into fields

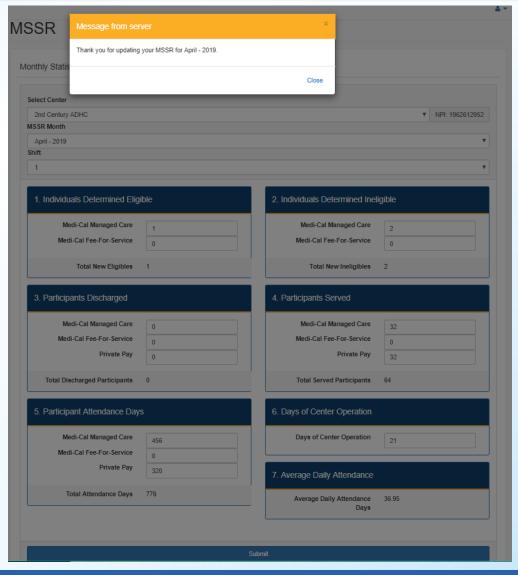








Click "Submit"







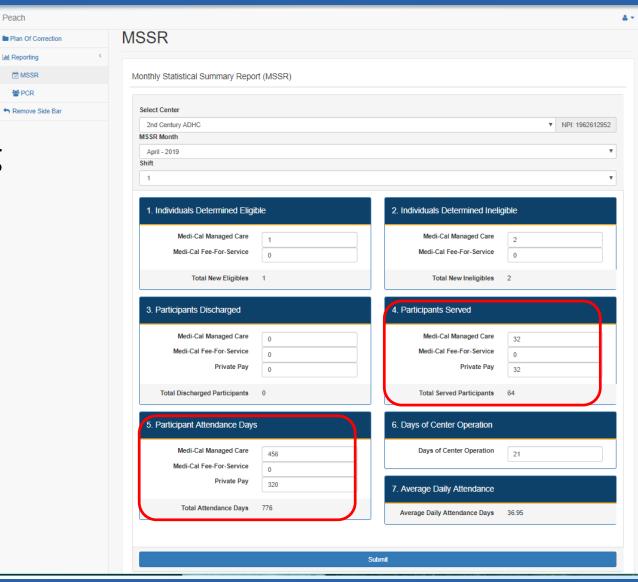
Data Validations

- All fields must contain data
- Corresponding fields
 - Participants Served
 - Participant Attendance Days





Data
 validations –
 corresponding
 fields





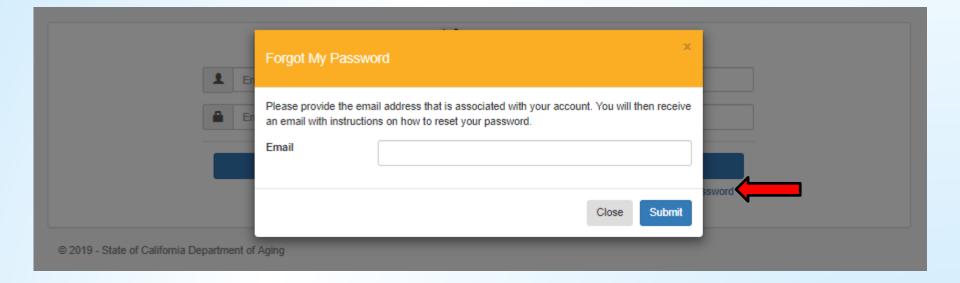


Forgot Your Password

- No need to contact CDA
- Navigate to the Peach Provider Portal webpage
 - Click "Forgot My Password"
 - Enter your email address that is associated with your account
 - An email will be sent to you with a link to change your password

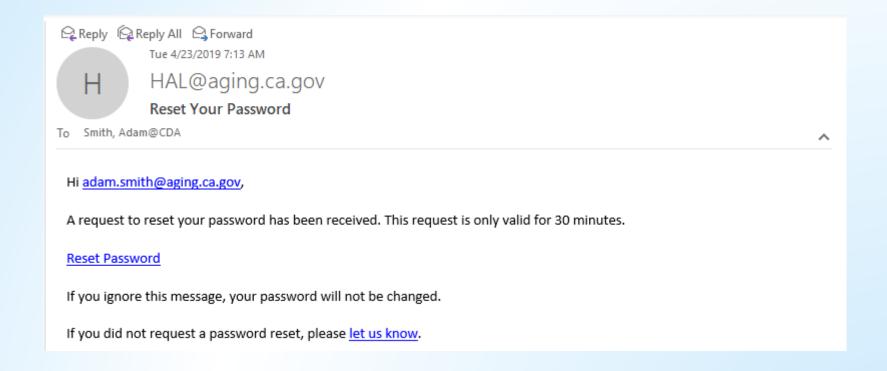














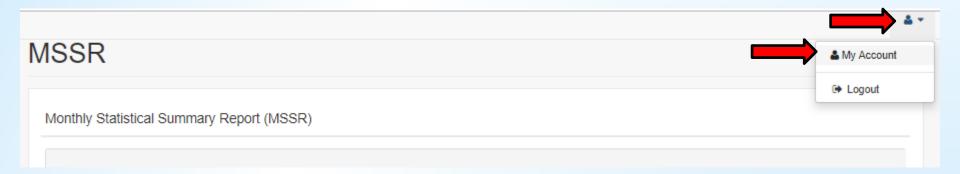


Changing Your Password

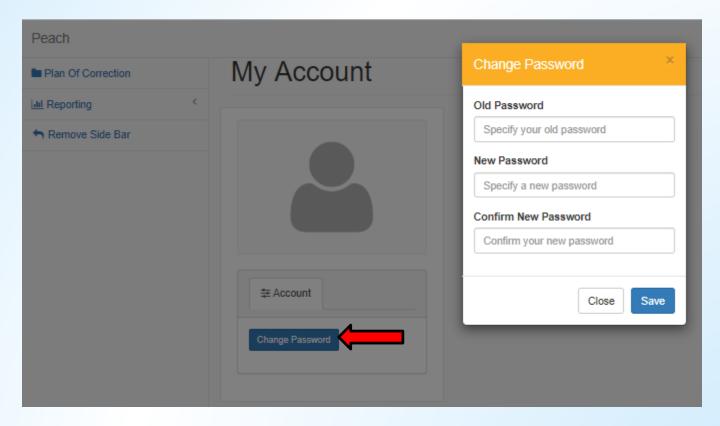
- No need to contact CDA
- Log into the Peach Provider Portal
 - Go to My Account
 - Click Change password
 - Follow the on-screen guidelines for password formats











Passwords must be 8-30 characters long, and contain at least three of the following attributes: Uppercase letter, Lowercase letter, Number, Special character (!, @, #, \$, %, ^, &, *, ?, _, ~, -, ., .)





Account Updates

- Complete the Peach Provider Portal Account Action Request Form
 - http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Reporting Requirements/
- Submit to CBAS Branch general email
 - cbascda@aging.ca.gov
- CDA will confirm via email once changes have been made





AGING	CBAS MILITARANDA		
CBAS PEACH PROVIDER PORTAL			
	ACCOUNT ACTION REQUEST		
SECTION A. Ce	SECTION A. Center Information		
□ New User Account □ Disable User Account □ Changes to Existing Account			
Center Name:			
NPI:			
SECTION B. Ne	w User Account		
Name:			
Title:			
Email Address:			
SECTION C. Di	sable User Account		
Name:			
SECTION D. Ch	nange(s) to Existing Accounts		
Current User Name:			
Current Email Address:			
Type of Change:	☐ Email Address ☐ Name Change ☐ Center Employment ☐ Other (specify):		
Change:			





CDA Contact Information

CDA on the Web	www.aging.ca.gov
Addresses	California Department of Aging CBAS Branch 1300 National Drive, Suite 200 Sacramento, CA 95834 cbascda@aging.ca.gov
Phone	(916) 419-7545



